

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. **791**

Primary Registration District No. **1003**

(No. *St. Ann's*)

File No. **22661**
Registered No. **6502**
St. Ward)

2. FULL NAME

(a) Residence, No. *3209* *St. Louis* St. *18* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *C.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 25, 1916*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
18 *7* *1*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Rice - St. Co.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

FATHER 13. NAME *Langston E. Lyons*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER 15. MAIDEN NAME *Ida Scott*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT (ADDRESS) *Langston E. Lyons*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *July 2nd* 1934

19. UNDERTAKER (ADDRESS) *W. C. Gordon*

20. FILED *22* 1934 Registrar *J. J. Brebeck*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 26, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at *8 45* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

General Peritonitis
Septic Abortion
Criminal Abortion

Other contributory causes of importance:

1951 *173*
Homicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Homicide* Date of injury *5/25* 1934

Where did injury occur? *St. Louis, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury *Criminal Abortion*

Nature of injury *General Peritonitis*

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *W. J. Lyons*

(Address) *St. Louis, Mo.*

